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## BIB DATA SHEET

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## APPLICANTS

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## \*\*CONTINUING DATA \*\*\*\*\*

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

## \*\*IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \* SMALL ENTITY \*

05/05/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWINGS 12	TOTAL CLAIMS <del>32</del> 15	INDEPENDENT CLAIMS <del>6</del> 1
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Initials				

## ADDRESS

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## TITLE

Phone adapter for connecting auxiliary sound devices and an auxiliary hands-free device

FILING FEE RECEIVED 687	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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